1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

State	District of Columbia.
Demonstration name	Behavioral Health Transformation
Approval date for demonstration	11/06/2019
Approval period for SUD	01/01/2020 - 12/31/2024
Approval date for SUD, if different from above	Click here to enter text.
Implementation date of SUD, if different from above	Click here to enter text
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	The goal of the demonstration is for the District to maintain and enhance access to opioid use disorder (OUD) and other substance use disorder (SUD) services; and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with SUD. This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SUD and receiving treatment while they are short-term residents in settings that qualify as Institutions for Mental Diseases (IMD). This demonstration also complements the District's efforts to implement models of care that are focused on increasing supports for individuals outside of institutions, in home and community-based settings (HCBS) to improve their access to SUD services at varied levels of intensity, and to combat OUD and other SUDs among District residents.

2. Executive Summary

The District is working toward implementing payments for IMD services for individuals with SUD, along with implementing many of the new community-based behavioral health services in the Demonstration. The District used Rulemakings to establish Medicaid payments for IMDs, repealed the \$1 copay requirement for medication-assisted therapy, and established payment for recovery support services (RSS).

Near the end of Q1, the COVID-19 public health emergency affected waiver implementation. To ensure continued access to behavioral health services, the District issued a rulemaking authorizing home as an eligible originating site for telehealth. For the duration of the public health emergency, DHCF temporarily authorized payment for audio-only telehealth services. Many District IMD providers ceased admissions or decreased patient volume to ensure the safety of their clients near the end of Q1. We believe the COVID-19 public health emergency will continue affecting implementation of the Demonstration going into future quarters.

The District's demonstration has led to improved dialogue and understanding between stakeholders and the District's government. Between the award of the waiver and the end of Q1, the District hosted approximately 21 meetings with stakeholders to explain the Demonstration. The District also led other communications about the Demonstration informally or through email. These communications not only increased stakeholders' awareness of Demonstration services, they led to a greater understanding from all parties about gaps in the District's behavioral health system.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD S	·		
1.2.1 Metric Trends			
\Box The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent			
related to assessment of need and qualification for			
SUD services.			
☐ The state has no metrics trends to report for this report	orting topic.		
1.2.2 Implementation Update			
Compared to the demonstration design and			
operational details, the state expects to make the			
following changes to:			
\Box i) The target population(s) of the			
demonstration			
☐ ii) The clinical criteria (e.g., SUD diagnoses)			
that qualify a beneficiary for the demonstration			
☐ The state has no implementation update to report for	r this reporting topic.		
☐ The state expects to make other program changes			
that may affect metrics related to assessment of need			
and qualification for SUD services			
\boxtimes The state has no implementation update to report for	1 0 1		
2.2 Access to Critical Levels of Care for OUD and or	ther SUDs (Milestone 1)		
2.2.1 Metric Trends			
\square The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent			
related to Milestone 1			
☐ The state has no metrics trends to report for this report	orting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2.2 Implementation Update	•		
Compared to the demonstration design and operational details, the state expects to make the following changes to:	i) On February 18, 2020, DBH adopted an emergency rulemaking that requires all treatment providers provide intake and assessment services to ensure clients are able to visit any treatment provider and receive same-day assessment and placement in the appropriate level of care.	i) 01/01/2020 – 03/31/2020	i) N/A
☐ The state has no implementation update to report fo			
 ☑ The state expects to make other program changes that may affect metrics related to Milestone 1 ☑ The state has no implementation update to report fo 	Due to the COVID-19 public health emergency, utilization of in-person substance use disorder services may decrease. At the same time, utilization of telehealth services related to substance use disorder may increase. DHCF also issued updated regulations regarding Medicaid-reimbursable telehealth services allowing home as an eligible originating site which may also increase utilization of telehealth services related to substance use disorder. Finally, for the duration of the public health emergency, DHCF temporarily authorized payment for audio-only telehealth services which may also increase utilization of telehealth services related to substance use disorder.	01/01/2020 – 03/31/2020	#6, #7, #8, #9, #10, #11, #12

		Measurement period first reported	D.I.A. J Act.
Prompt	State response	(MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
3.2 Use of Evidence-based, SUD-specific Patient Pla	cement Criteria (Milestone 2)		
3.2.1 Metric Trends			
\Box The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent related to Milestone 2			
\Box The state has no trends to report for this reporting to	pic.		
☐ The state is not reporting metrics related to Mileston	e 2.		
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			
☐ The state has no implementation update to report fo	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
☐ The state has no implementation update to report fo	this reporting topic.		
☐ The state is not reporting metrics related to Mileston	e 2.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.2 Use of Nationally Recognized SUD-specific Prog	gram Standards to Set Provider Qualifications for Residential Treatment Faci	lities (Milestone 3)	
4.2.1 Metric Trends			
\Box The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent related to Milestone 3			
\Box The state has no trends to report for this reporting to	opic.		
☐ The state is not reporting metrics related to Mileston	ne 3.		
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☐ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	iii) On February 18, 2020, DBH adopted an emergency rulemaking that requires all residential treatment facilities to provide on-site or facilitate access to all Food and Drug Administration approved medication used in medication assisted treatment.	iii) 01/01/2020 — 03/31/2020	iii) N/A
☐ The state has no implementation update to report for	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☐ The state has no implementation update to report for	r this reporting topic.		-
☐ The state is not reporting metrics related to Mileston	ne 3.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
5.2 Sufficient Provider Capacity at Critical Levels of	of Care including for Medication Assisted Treatment for OUD (Milestone 4)		
5.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
☐ The state has no trends to report for this reporting to	opic.		
5.2.2 Implementation Update	•		
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
☐ ☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 4			
☐ The state has no implementation update to report fo	r this reporting topic.		
6.2 Implementation of Comprehensive Treatment a	nd Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)		
6.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	<u> </u>		
\square The state has no trends to report for this reporting to	opic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☑ i) Implementation of opioid prescribing	i) DC Health and DBH conducted an extensive public awareness campaign regarding prescription-related opioid use, which resulted in more than 2.25 million impressions, or unique views.	i) 01/01/2020 – 03/31/2020	i) N/A
guidelines and other interventions related to prevention of OUD ⊠ ii) Expansion of coverage for and access to naloxone	ii) Various outreach teams distribute naloxone kits as they connect with individuals in the community. In addition, 28 private pharmacies and 3 methadone clinics are receiving free naloxone kits to distribute to the public. Three naloxone trainings and one community conversation were conducted and an online training institute offers a naloxone education course.	ii) 01/01/2020 — 03/31/2020	ii) N/A
☐ The state has no implementation update to report fo			
☐ The state expects to make other program changes that may affect metrics related to Milestone 5			
☐ The state has no implementation update to report for	or this reporting topic.		
7.2 Improved Care Coordination and Transitions b	etween Levels of Care (Milestone 6)		
7.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
☐ The state has no trends to report for this reporting to	opic.		
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☐ The state has no implementation update to report fo	r this reporting topic.		
8.2 SUD Health Information Technology (Health IT	")		
8.2.1 Metric Trends			
\Box The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
\boxtimes The state has no trends to report for this reporting to	ppic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update	*		•
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD □ ii) How health IT is being used to treat effectively individuals identified with SUD □ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD □ iv) Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels □ v) Other aspects of the state's health IT implementation milestones □ vi) The timeline for achieving health IT implementation milestones □ vi) Planned activities to increase use and functionality of the state's prescription drug			
monitoring program			
☐ The state has no implementation update to report for	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☐ The state has no implementation update to report fo	r this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☑ The state has no trends to report for this reporting to	opic.		
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☐ ☐ The state has no implementation update to report for	or this reporting topic.		
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☑ If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	The SUD component of the District's budget neutrality demonstration is broken into two Medicaid Eligibility Groups (MCO and FFS populations). The FFS MEG is higher than the current PMPM limit by 69% due to detox utilization being significantly higher than estimated. The MCO MEG was significantly lower than PMPM cap.		
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☐ ☐ The state has no implementation update to report for	or this reporting topic.	,	

		Measurement period first reported (MM/DD/YYYY -	Related metric
Prompt	State response	MM/DD/YYYY)	(if any)
11.1 SUD-Related Demonstration Operations and I	Policy		
11.1.1 Considerations			
☐ States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
☐ The state has no related considerations to report for	this reporting topic.		
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) □ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) □ iii) Partners involved in service delivery ☑ The state has no implementation update to report for			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
☐ The state has no implementation update to report for	or this reporting topic.		
☐ The state is working on other initiatives related to SUD or OUD	The District received a SUPPORT Section 1003 planning grant to increase the treatment capacity of Medicaid providers to deliver substance use disorder treatment and recovery services.	01/01/2020 – 03/31/2020	N/A
	Through support from the first State Opioid Response (SOR) grant, the District increased access to MAT and expanded the array of SUD treatment and recovery support services. The District will apply for a second SOR grant to continue many of these initiatives.		
\Box The state has no implementation update to report for	or this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
□ The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)	The SUPPORT Section 1003 planning grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways: Conduct a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD Provide education and technical assistance among Medicaid providers to build provider capacity to treat individuals with SUD in community settings Build critical infrastructure to support appropriate, privacy-preserving information exchange The SOR 2 grant would complement the 1115 SUD demonstration. The funding would allow the District to support behavioral health transformation in several ways: Increase entry points into the system of care (e.g., mobile screening and MAT in high need communities) Coordinate care as individuals move through the system by supporting the development of a care management entity and care managers at the DC Jail Provide training, technical assistance, coaching, and consultation to SUD providers/health care professionals to increase their ability to address client needs Implement a coordinated approach at the community level by facilitating key stakeholders in each ward to work collaboratively around prevention, community outreach, and education initiatives	01/01/2020 – 03/31/2020	N/A
\Box The state has no implementation update to report for	or this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☑ Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	The evaluation contract was not awarded in Q1. The District anticipated this would delay the submission of the evaluation design and worked with CMS to update the date of submission.	01/01/2020 – 03/31/2020	N/A
☐ The state has no SUD demonstration evaluation upo	late to report for this reporting topic.		
☑ Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	The evaluation design was originally due May 4, 2020. The COVID-19 public health emergency caused contracting delays and CMS has granted an extension to September 4, 2020 to submit the evaluation design.	01/01/2020 – 03/31/2020	N/A
☐ The state has no SUD demonstration evaluation upo	late to report for this reporting topic.		
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.	The evaluation design was originally due May 4, 2020. The COVID-19 public health emergency caused contracting delays and CMS has granted an extension to September 4, 2020 to submit the evaluation design.	01/01/2020 — 03/31/2020	N/A
☐ The state has no SUD demonstration evaluation upo	late to report for this reporting topic.		
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
☑ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	Due to the COVID-19 public health emergency and limitations on the size of public gatherings, the District requested an extension to conduct the post award forum to 60 days after the end of the declared public health emergency.	01/01/2020 – 03/31/2020	N/A
☐ The state has no updates on general requirements to	report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☑ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	Due to the COVID-19 public health emergency and the dedication of staff resources elsewhere, the District requests a six-month extension to submit the SPAs for non-IMD services.	01/01/2020 – 03/31/2020	N/A
\Box The state has no updates on general requirements to	report for this reporting topic.		
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☑ i) The schedule for completing and submitting monitoring reports ☐ ii) The content or completeness of submitted reports and/or future reports	i) Due to the COVID-19 public health emergency, the District requested a due date extension for the Q1 qualitative reporting. On 04/24/2020 CMS granted an extension to 07/30/2020.	i) 01/01/2020 – 03/31/2020	i) N/A
☐ The state has no updates on general requirements to	report for this reporting topic.		
☑ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	Due to the COVID-19 public health emergency, the District requested due date extensions for the evaluation design and monitoring protocol. CMS granted extensions and the new due dates for the deliverables are as follows: • Monitoring protocol: 07/17/2020 • Evaluation design: 09/04/2020	01/01/2020 – 03/31/2020	N/A
☐ The state has no updates on general requirements to	report for this reporting topic.		
13.1.2 Post-Award Public Forum			
☐ If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	porting period and this is not an annual report, so the state has no post-award publ	ic forum update to rep	ort for this topic.
14.1 Notable State Achievements and/or Innovations	S		
14.1 Narrative Information			
☐ Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries. ☐ The state has no notable achievements or innovation			

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